LOWER-INCOME HOUSEHOLDS STATEMENT OF HOUSEHOLD INCOME

| Promptly sign and file this statement by on whose property you reside. | | with an officer or the manager of the organization |
|--|--|---|
| Name(s) of Occupants: | | |
| Address or Unit No. (No P.O. Box Numbers) | | |
| Complete the statement and return it to the i | nanager of the organization | that provides the housing. |
| 1. Number of persons in family household. | (See instructions) | |
| 2. I certify (or declare) under penalty of pe income for the prior calendar year, did n the income limit, shown below, for the n | ot exceed \$ | State of California that the family household . (Enter the amount of household). |
| Number of Persons in Family Household - Income Limit | | |
| | 1 \$31,2 2 \$35,7 3 \$40,2 4 \$44,6 5 \$48,2 6 \$51,8 7 \$55,3 8 \$58,9 | 00 00 50 00 00 50 |
| Signature: | Title: | Date: |

GENERAL INFORMATION

Section 237 of the California Revenue and Taxation Code provides that property used exclusively for providing housing for lower-income households can qualify for an exemption from property taxes. This form is maintained by the owner/operator of your housing to provide verification eligibility for the exemption from property tax in case of audit by the Assessor. It is not a public record and the owner/operator of your housing is expected to protect its confidentiality.

INSTRUCTIONS FAMILY HOUSEHOLD INCOME

- 1. Enter the **names** of the persons who comprise your household. Also, enter address or unit number.
- 2. Enter on line 1 the **number** of persons who are in your household.
- 3. Enter on line 2 the income limit figure for the number of persons shown on line 1.
- 4. Sign the statement if your combined household income is the same as, or less than, the income limit; if your combined household income is more than the income limit, do not file this form.
- 5. If your income is the same or less than the income limit, promptly return the statement to an officer or the manager of the organization on whose property you reside so the organization will have time to complete the form that must be filed with the Assessor.

HOUSEHOLD INCOME AND SIZE

Income includes, but is not limited to, the following:

- (1) Wages, salaries, fees, tips, bonuses, commissions and other employee compensation.
- (2) Net income from the operation of a business or profession or from rental of real or personal property.
- (3) Interest and dividends.
- (4) Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or other similar types of periodic receipts.
- (5) Unemployment and disability compensation, worker's compensation and severance pay.
- (6) Public assistance exclusive of any amount specified for shelter and utilities.
- (7) Alimony, child support payments and regular contributions or gifts from persons not residing in the dwelling.
- (8) All regular pay, special pay and allowances of a member of the Armed Forces who is head of the household or spouse.
- (9) Per capita payments from your tribe, unless excluded under (1) below.

The following items shall not be considered as income:

- (1) Casual, sporadic, or irregular gifts.
- (2) Amounts specifically for or in reimbursement of the cost of medical expenses.
- (3) Lump sum additions to family assets such as inheritances, insurance payments (including payments under health and accident insurance and workers' compensation), capital gains, and settlement for personal or property loses.
- (4) Amounts of educational scholarships paid directly to the student of educational institution and veteran benefits for costs of tuition, fees, books and equipment.
- (5) The value of food coupons.
- (6) Payments received from the ACTION Agency, VISTA, Service Learning Programs, Special Volunteer Programs, National Older American Volunteer Program, Retired Senior Volunteer Program, Foster Grandparent Program, Older American Community Services Program, SCORE, and ACE.
- (7) Foster Child Care payments.
- (8) Amounts excludable under 42 U.S.C. § 1382b(a)(7), reimbursement for underpayments of SSI or other payments under the Social Security Act.